FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P97000104440 OFFICE PAVILION SOUTH FLORIDA, INC. 04-02-2001 90294 012 ***150.00 Principal Place of Business Mailing Address OAKWOOD BLVD. C/O HERMAN MILLER,INC SUITE #100 855 E MAIN AVENUE CORP TAX DEPT. 0252 HOLLYWOOD FL 33020 ZEELAND MI 49464 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉL Number 65-0799515 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLAGHER JR. ROBERT E Street Address (P.O. Box Number is Not Acceptable) STEARNS WEAVER MILLER, ET AL 150 WEST FLAGLER STREET SUITE #2200 **MIAMI FL 33130** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete ☐ Change SR2E034 (10/00) TITI F TITLE JACK HOWARD KING, DANIEL NAME NAME 855 EAST MARN AVE 855 EAST MAIN AVE STREET ADDRESS STREET ADDRESS ZEELAND MI 49464-0302 CITY-ST-7IP ZEELAND, MI 49464-0302 CITY-ST-ZIP TITLE Change Addition Delete TITLE CHRISTENSEN, JAMES TAMES CHRESTENSON NAME NAME 855 EAST MAIN AVE 855 EAST MAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEELAND MI 49464-0302 CITY-ST-ZIP ZEELAND MI 49464-0302 Defete TITLE-Change — Addition TITLE NAME NAME HEEREB VANDERGALIEND BES EAST MARD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EFFLAND WE 49464-0303 TITLE ☐ Delete TITLE Change Addition GARY FENHARMSEL STREET ADDRESS STREET ADDRESS 855 EAST MARN AVE CITY-ST-ZIP CITY-ST-ZIP zeelano ma 49464-0302 TITLE ☐ Delete TITLE D ☐ Change ▲ Addition NAME NAME BREAD WALKER 855 EAST MATIO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEELAND MI 49464-0303 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Produce Robert M. Dobresk: 3/29/01 6/6 654-8837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date David Phone &